

FILED MAY 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14450

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Vernon b. CITY (If outside corporate limits, write RURAL and give township) Nevada c. LENGTH OF STAY (in this place) 2 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon c. CITY OR TOWN Bronaugh d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1080			
3. NAME OF DECEASED (Type or Print) Marion Alpha Shaw		a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Northern Missouri		9. AGE (In years last birthday) 77 If UNDER 1 YEAR: Months Days Hours Min.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Mathew Shaw		13b. MOTHER'S MAIDEN NAME Martha Voshall		14. NAME OF HUSBAND OR WIFE Clara A. Shaw	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-40-9025		17. INFORMANT'S SIGNATURE OR NAME Clara A. Shaw		ADDRESS Bronaugh, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Myocardial failure 8 m Chronic Poisoning 6 wks Hypertrophy Prostate 1 yr ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION None. 19b. MAJOR FINDINGS OF OPERATION None. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None.		22. I hereby certify that I attended the deceased from Jan. 16, 1952 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. May MD		23b. ADDRESS Moore Building, Nevada, Missouri		23c. DATE SIGNED 5/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-55		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		24d. LOCATION (City, town, or county) (State) Nevada Missouri	
DATE REC'D BY LOCAL REG 5-5-1955		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home Nevada, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis C. Marsh*.....

Licensed Embalmer No. *497*.....

P. O. Address *Nevada*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.